

7603

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Mariupia State Ariz
District or Township Chandler or Village _____
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).
St. _____ Ward _____

2. FULL NAME Emma L. Edwards
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED Widowed
(Write the word)

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Feb. 12-1888

7. AGE Years Months Days
46 3 9
IF LESS than 1 day _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Wis.
(State or country)

10. NAME OF FATHER Chris. Brichler

11. BIRTHPLACE OF FATHER Wis.
(State or country)

12. MAIDEN NAME OF Hannah Cruel

13. BIRTHPLACE OF MOTHER Wis.
(State or country)

14. Informant Lawrence Edwards
(Address) Chandler Ariz

15. Filed 6-10 1929 James M. Edwards
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 21 1929
Month Day Year

17. I HEREBY CERTIFY that I attended deceased from Jan 10 1927 to May 21 1929
that I last saw h. W alive on May 20 1929
and that death occurred, on the date stated above, at 8:20 p.m.
The CAUSE OF DEATH was as follows:
Intestinal tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) 1 yrs. 6 mos. ds.

18. Where was disease contracted
If not at place of death? No Date of _____

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Microscopic M. D. Mary

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mesa Cem DATE OF BURIAL May 24 29

20. UNDERTAKER M. L. Gibbons ADDRESS Mesa Ariz

MARGIN RESERVED
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN fully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.